

# Children and Youth Mental Health Treatment Act (CYMHTA) Annual Report FY 2020-21

*C.R.S.27-67*

State Fiscal Year 2020-2021



**COLORADO**

**Office of Behavioral Health**

Department of Human Services

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- Liz Owens, Interim Co-Deputy Director of Programs
- Paul Barnett, Director of Child, Youth and Family Behavioral Health
- Elizabeth Brooks, Director of Data and Evaluation

- Carie Gaytán, Finance Director, Community Behavioral Health
- Meghan Shelton, Team Lead of Child, Youth and Family Behavioral Health
- Stacey Davis, Manager of Child Mental Health Treatment Programs and The Children & Youth Mental Health Treatment Act
- Shelly Romero, Accountant

# Executive Summary

The following report provides a brief overview of the Children and Youth Mental Health Treatment Act (C.R.S. 27-67) and its revenue sources, services offered, program changes and data available. Highlights from this report include:

- The Children and Youth Mental Health Treatment Act grew by 33% from State Fiscal year 2019-20 to State Fiscal Year 2020-21 and had the highest number of children and youth served in a state fiscal year to date with 246.
- The Children and Youth Mental Health Treatment Act was allocated supplemental Federal funding of \$2,797,602 by the Office of Behavioral Health from CARES ACT funds and the Mental Health Block Grant Funds to ensure there was not a waitlist for children and youth who were at risk of out-of-home placement to begin receiving services, bringing total funding for the fiscal year to \$5,726,685.
- The implementation of Family First Prevention Services Act (FFPSA) Independent Assessments for Child Welfare and Division of Youth Services and the use of these assessments for the Children and Youth Mental Health Treatment Act reduced the need for a duplicative assessment and reduced administrative burden.
- The Children and Youth Mental Health Treatment Act is able to fund COACT Colorado High Fidelity Wraparound services to support requirements of both programs, reduce duplicative work, and more effectively serve children, youth and families through an evidenced-based practice.

# Introduction

The Children and Youth Mental Health Treatment Act (CYMHTA) annual report for State Fiscal Year 2020-21 is designed to provide a high-level overview of CYMHTA, disseminate data regarding the implementation of the Act, align with statutory data reporting requirements, and discuss the overall effectiveness of CYMHTA.

## Definitions under C.R.S. 27-67- 103

“Mental Health Agency” means a behavioral health services contractor through the State Department of Human Services serving children and youth statewide or in a particular geographic area, including but not

limited to community mental health centers, and with the ability to meet all expectations of 2 CCR 502-1, Section 21.200.4 and C.R.S. 27-67- 101.

“Professional Person” means a person licensed to practice medicine in this State, a psychologist certified to practice in this State, or a person licensed and in good standing to practice medicine in another state or a psychologist certified to practice and in good standing in another state who is providing medical or clinical services at a treatment facility in this State that is operated by the Armed Forces of the United States, the United States Public Health Service, or the United States Department of Veterans Affairs.

“Family Systems Navigator” means an individual who: (a) Has been trained in a system-of-care approach to assist families in accessing and receiving services and supports; (b) Has the skills, experience, and knowledge to work with children and youth with mental health or co-occurring disorders; and (c) Has worked with multiple agencies and providers, including mental health, physical health, substance abuse, juvenile justice, developmental disabilities, education, and other state and local service systems.

## History

The Child Mental Health Treatment Act (CMHTA) was enacted through House Bill 99-1116 to address the statewide issue of families struggling to access mental health services for their children. Before the Act, children who required intensive mental health treatment, which was either not covered by commercial insurance or the child lacked commercial insurance, may have found that child welfare was the only funding option. Occasionally, this would lead to the relinquishment of parental rights and, at times, adverse employment repercussions due to an open Dependency and Neglect Action. CMHTA began by funding residential treatment and, with Senate Bill 07-230, was expanded to fund community-based and transitional services. The Child Mental Health Treatment Act was changed to the Children and Youth Mental Health Treatment Act (CYMHTA) through House Bill 18-1094, which expanded service eligibility to youth up to age 21.

The Office of Behavioral Health contracted seven Mental Health Agencies. Three of the contracted Mental Health Agencies were Administrative Services Organizations (ASOs) and were under contract for the entire SFY21: Signal Behavioral Health Network, Rocky Mountain Health Partners, and Beacon Health Options. Beacon Health Options operationalizes CYMHTA on behalf of Health Colorado, Inc. Four of the contracted Mental Health Agencies were Community Mental Health Centers (CMHCs) who were under contract for half of SFY21: Mind Springs Health, SummitStone Health Partners, Mental Health Center of Denver, and North Range Behavioral Health Network. The four CMHCs chose to contract directly with the Office of Behavioral Health through December 31, 2020, to allow for a smooth transition of CYMHTA child and families to the ASOs. Continuity of care for children and families in the CYMHTA program was of high value of OBH, and therefore CMHCs intending to continue CYMHTA services were encouraged to contract with regional Administrative Services Organization (ASO) for such services. OBH moved CYMHTA services to ASO contracts starting in SYF20 as part of a strategy to help ensure there are no gaps in the service coverage areas and will help to increase the consistency of CYMHTA statewide.

## **The Children and Youth Mental Health Treatment Act Eligibility**

CYMHTA is able to fund a wide variety of services for eligible children and their families to reduce the risk of out-of-home placement. Eligible children meet the following criteria: 1. The child or youth has been diagnosed as having a mental health disorder, as defined in C.R.S. 27-65-102 (11.5); 2. The child or youth requires a level of care that is provided in a residential child care facility pursuant to C.R.S. 25.5-5-306, or that is provided through community-based programs, and who, without such care, is at risk of unwarranted child welfare involvement or other system involvement, in order to receive funding for treatment; 3. If the child or youth is determined to be in need of placement in a residential child care facility, he or she shall apply for Supplemental Security Income, but any determination for Supplemental Security Income must not be a criterion for a child or youth to receive services; 4. The child or youth is a person for whom there is no pending or current action in dependency or neglect pursuant to Article 3 of Title 19; 5. The child or youth is younger than eighteen years of age, but they may continue to remain eligible for services until their twenty-first birthday.

## **The Children and Youth Mental Health Treatment Act and Medicaid**

The parent or guardian of a Medicaid child or youth who is at risk of out-of-home placement may request, within five days after all first-level Medicaid appeals processes for a residential treatment denial are exhausted, an objective third-party at the Colorado Department of Human Services who is a Professional Person to review the service request made to Medicaid.

## **The Children and Youth Mental Health Treatment Act Funding Process**

CYMHTA established an appropriation to support residential and community-based treatment for children and youth who are not categorically eligible for Medicaid, have no insurance, or lack adequate private/commercial insurance coverage. Community-based treatment includes such services as individual therapy, family therapy, intensive in-home services, equine therapy, day treatment, applied behavioral analysis, High-Fidelity Wraparound and respite. Families of children who enter residential services through CYMHTA must apply for Supplemental Security Income (SSI). The Office of Behavioral Health funds a full-time Family Systems Navigator who can provide the family assistance in applying for SSI. If a child is awarded SSI, they could qualify for Medicaid. While in residential treatment, the SSI and subsequent Medicaid are used to offset the CYMHTA funding for some of the room and board costs as well as the behavioral health treatment costs.

Each family is responsible for funding a portion of the CYMHTA-funded treatment. The parental fee is outlined in 2 CCR 502-1 21.200.4 at the rate of 7%. CYMHTA does not maintain a cap on the family income, meaning that any family of a child or youth not categorically eligible for Medicaid can request CYMHTA funding. Once the parental fee is determined by the Mental Health Agency, the fee is paid directly to the providers of the treatment.

The family and the Mental Health Agency must demonstrate that CYMHTA is the most appropriate funding stream for the services. If the child has commercial insurance, the Mental Health Agency works with the family and the commercial insurance to obtain documentation regarding commercial insurance not being an option for the services. The parental fee, SSI, and Medicaid are utilized to reduce the total funding CYMHTA provides. CYMHTA can also work alongside other funding streams, such as commercial insurance. There are times when more than one clinical service is recommended, and in some cases, commercial insurance will cover one or more of the services, but not all.

Once a child and family are approved for CYMHTA funding, the Mental Health Agencies' CYMHTA Liaison will help the parents choose an appropriate service provider. The CYMHTA Liaison notifies the family, both orally and in writing, of the clinical recommendations and potential providers for CYMHTA funding. The Office of Behavioral Health contracts with Mental Health Agencies across Colorado to ensure access to CYMHTA in all communities. The Mental Health Agencies subcontract therapeutic services to other providers. Residential treatment providers need to be licensed as Residential Child Care Facilities (RCCFs) or Psychiatric Residential Treatment Facilities (PRTFs) through the Division of Child Welfare and designated for mental health treatment by the Office of Behavioral Health. Child Placement Agencies also need to be licensed through the Division of Child Welfare.

## Services and Expenditures

The total appropriation for CYMHTA in FY21 was \$3,054,427. CYMHTA received an additional \$2,797,602 on top of that appropriation from CARES ACT and Mental Health Block Grant funds. With the increase in funding, the Act served more children and youth in Colorado than in any other fiscal year, with an annual census of 246 unique clients (a 33% increase from 185 clients who received services in FY20). The total spent on the provision of Mental Health Treatment Services, as outlined in 27-65-105(1)(a), for SFY21 was \$4,460,337; 10 months was the median length of stay under CYMHTA funding. A client must have discharged from CYMHTA funding in SFY21 to have factored into the length of stay calculation. The calculation includes both community and residential treatment, and some youth received both.

### Residential Treatment Services

A total of \$1,859,607 was spent on the 61 children and youth who received residential treatment under CYMHTA in SFY21. The median length of stay for residential services was five months. A client must have discharged from residential treatment in SFY21 to have factored into the length of stay calculation.

### Community-Based Treatment Services

A total of \$2,450,130 was spent on providing community-based services to 213 children and youth through CYMHTA in SFY21. Of the 213 children and youth who received community-based services, 47 were children and youth receiving these services as a transition from residential treatment to community-based. The median length of stay in community-based services was nine months. A client must have discharged from community-based treatment in SFY21 to have factored into the length of stay calculation.

## **Assessment Services**

There were 231 CYMHTA Assessments completed in SFY21, totaling \$150,600. Of those assessed, 118 children or youth did not receive CYMHTA funding for services. Anecdotal explanations as to why the child or youth did not receive CYMHTA funding for ongoing services include the services being covered by commercial insurance, youth ended up qualifying for Medicaid, open Dependency and Neglect action through child welfare, or the family declining the recommended services. Of those assessed in SFY21, 113 children received CYMHTA funding for services.

## **The Children and Youth Mental Health Treatment Act Appeals and Medicaid Third-Party Clinical Reviews**

A total of \$19,449 was spent on CYMHTA appeals and Medicaid third-party clinical reviews. The aggregate number of third-party reviews completed for children pursuant to Article 67 delineated by children who are not categorically eligible for Medicaid has to be suppressed to prevent identification of the youth due to the number being less than 31. For Medicaid third-party clinical reviews, 100% of the time the Independent Professional Person agreed that the child or youth did not meet criteria for residential treatment, agreeing with the Medicaid finding. For CYMHTA funding appeals, the Independent Professional Person overturned the Mental Health Agencies' clinical recommendations of the CYMHTA assessment 66.6% of the time.

## **Data Analytics**

In reviewing the data, it is important to know that if less than 31 unique individuals comprise a data set or a particular data point, the information is suppressed. Data sets outlined in statute that needed to be suppressed include gender identity and for whom a child abuse and neglect referral was made to the county department. Presenting some data as percentages of totals allows for the protection of privacy.

## **Fiscal Year 2021 Demographic Data**

The total number of unique children and youth who received CYMHTA funding for treatment in SFY21 was 246. The following data is based on n=246. Broken out by the Administrative Services Organizations, Signal Behavioral Health Network served 55%, Beacon Health Options served 27%, Rocky Mountain Health Partners served 13% and the four Community Mental Health Centers served 5% of the 246 children and youth served in SFY21.

Of the 246 children and youth who received CYMHTA funding for treatment, 174 of them were Caucasian/White and 41 were adopted. At the start of CYMHTA-funded treatment, 59 were aged 10 or younger, 131 were between the ages of 11-15 years old and the rest were over the age of 16.

## **Fiscal Year 2021 Discharge Data**

Discharge data includes 89 children and youth who had a discharge date in SFY21. In SFY2021, 41 of children and youth discharged received community-based services outside of CYMHTA funding and 89.9% were not receiving residential treatment at the time of discharge. In addition, 86.1% of children and youth did not have involvement with the county department or the Division of Youth Services (DYS) at the time of discharge.

Of the 88 youth who were discharged from CYMHTA funding, 79% of them had a reduced risk of out-of-home placement through the county department and/or Division of Youth Services (DYS). At the time of discharge from CYMHTA-funded treatment, 76% completed the majority of their identified goals.

## **Principal Findings and Program Highlights**

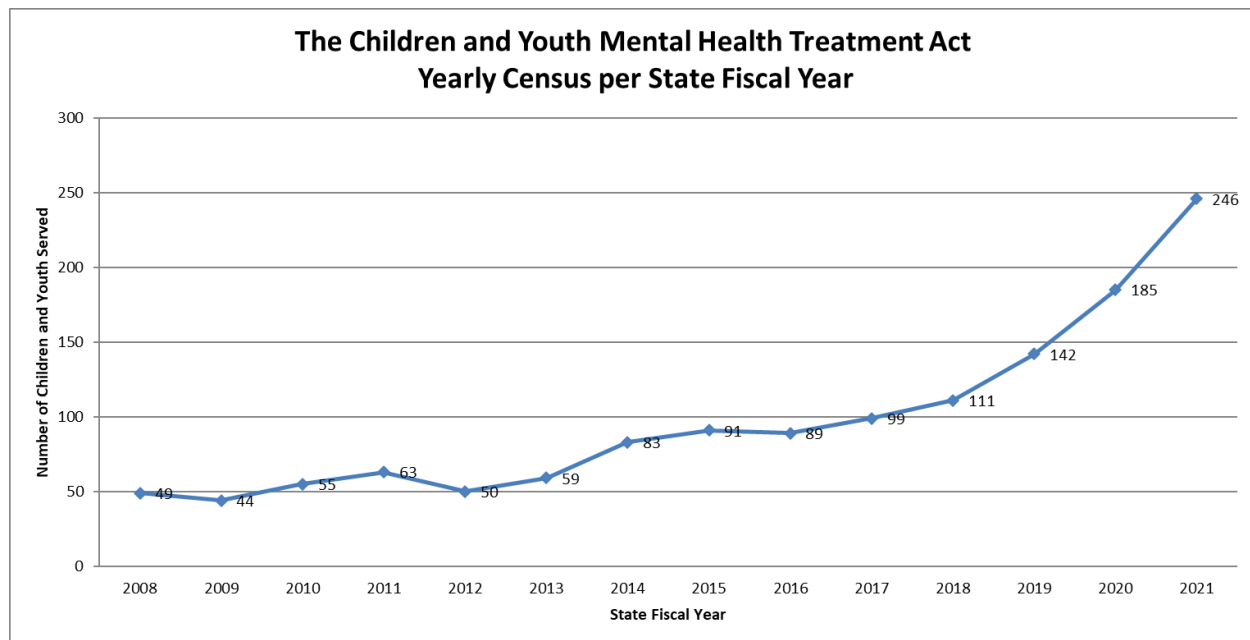
CYMHTA expanded its network of providers through the Administrative Services Organizations (ASOs), who completed their first full year operationalizing the program in SFY21. This network expansion was implemented July 1, 2020. This new partnership with the ASOs helped ensure that there were no gaps in the service coverage areas and increased the consistency of CYMHTA statewide. ASOs were encouraged to maintain contractual relationships with the CMHCs, prioritizing the continuity of care as part of the network development for CYMHTA.

In SFY21 CYMHTA served more children and youth in Colorado than in any other previous fiscal year. The annual census for SFY21 was 246 unique clients who received services under CYMHTA funding, a 33% increase from SFY20. One hundred and thirteen of these children were new to CYMHTA in SFY21, while 133 began services in prior fiscal years. Seventy-two percent of youth discharged in SFY21 had a reduced risk of involvement with Child Welfare and/or Division of Youth Services

CYMHTA spent \$4,460,337 on the provision of Mental Health Treatment Services, as outlined in C.R.S. 27-65-105(1)(a), for SFY21. Families of children who entered residential services through CYMHTA and were approved for Supplemental Security Income (SSI), offset CYMHTA funding in the amount of \$14,850. The CYMHTA Re-Appropriated Medicaid funds, in the amount of \$125,344, were not utilized in SFY21 but the program is exploring opportunities to recoup the funds in future fiscal years. These funds are accessed through The Department of Health Care Policy and Financing's (HCPF) approval. The Office of Behavioral Health is actively working with the HCPF to identify CYMHTA-funded children in residential treatment who have Medicaid due to their SSI approval. As the Office of Behavioral Health works to increase communication with HCPF, this will increase the Medicaid line item and funding utilization.

Heidi Lawrence, a single parent living in Longmont, has spent years juggling a full-time job and case management for her 15-year-old daughter, Ella, who went through five inpatient stays in six months. Lawrence constantly ran into roadblocks with her insurance company, while other programs denied Ella care because she wasn't covered by Medicaid. "CYMHTA has really been a godsend," said Lawrence. "We're a prime example of what this program is intended to do for families like ours."





The Children and Youth Mental Health Treatment Act Expenditures SFY21	
CYMHTA FY21 TOTAL APPROPRIATION	\$ 3,054,427
Additional Funding from CARES ACT	\$ 647,602
Additional Funding from Mental Health Block Grant	\$ 2,150,000
<b>Total CYMHTA SFY21 Funding</b>	<b>\$ 5,852,029</b>
Residential Treatment Services	\$ 1,859,607
Community-Based Treatment Services	\$ 2,450,130
Assessments	\$ 150,600
<b>Total Spent on the Provision of CYMHTA Services C.R.S. 27-65-105(1)(a)</b>	<b>\$ 4,460,337</b>
Clinical Care Coordination	\$ 640,200
Administrative Service Organization Fee	\$ 488,764
Training for the CYMHTA Program	\$ 42,365
CYMHTA Appeals and Medicaid 3rd Party Clinical Reviews	\$ 19,449
Family Advocate & Systems Navigator	\$ 75,570
<b>The Children and Youth Mental Health Treatment Act SFY21 Expenditures</b>	<b>\$ 5,726,685</b>
<b>Unobligated Medicaid Fund* - CYMHTA SFY21 TOTAL REVERSION</b>	<b>\$ 125,344</b>

*\*Medicaid Line Item supplements funding to HCPF for CYMHTA Clients*